

STATE OF HAWAII  
Department of Accounting and General Services  
Division of Public Works

## MONTHLY ESTIMATE

FOR THE MONTH OF August, 2014

Date: October 9, 2014

CONTRACTOR: Brian's Contracting, Inc.

ADDRESS: P.O. Box 17790

City, State ZIP: Honolulu, Hawaii 96817

PROJECT TITLE: Alilaimoku Hale Building Improvements  
**CONTRACT**

Basic Contract Amount \$ 1,357,000.00

Contract No. 63003 ☒

DAGS Job No. 12-29-7515

**FOR INSPECTION BRANCH USE**

☐ SUBMITTAL REGISTER ☒ COMMENCEMENT REQUIREMENTS

**DUE MONTHLY:**

☒ PROJECT SCHEDULE

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVIT

**MONTHLY ESTIMATE CHECKLIST**

☒ PROJECT NAME AND LOCATION ☒ CONTRACT NUMBER  
☐ AS NEED - WASTE REDUCTION PROGRESS REPORT ☐ ALL SIGNATURES

**SPECIALTY / MISC:**

☐ AIR CONDITION ACCEPTANCE ☐ PAINT ACCEPTANCE

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 1,357,000.00

**WORK ACCOMPLISHED**

**Basic Contract**

Completed to Date 3.74% \$ 50,800.00

Retained **REDUCED** ☐ \$ 3,575.00

Amount Subject to Payment \$ 47,225.00

Payments to Date \$ -

Payments Now Due \$ 47,225.00

**Change Order**

**Total**

0.00% \$ - \$ 50,800.00

\$ - \$ 3,575.00

\$ - \$ 47,225.00

\$ - \$ -

\$ - \$ 47,225.00

Payment No. **FINAL** ☐ 1

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..

**FOR OFFICE USE ONLY**

☐ Project Acceptance Date  
☐ Project Completion Date

1. Completed and Checked by:

OCT 16 2014

3. Recommended: [Signature] Project Inspector or Engineer

Date:

OCT 16 2014

4. Recommended: [Signature] Area Engineer/Architect

Date:

OCT 16 2014

5. Approved: [Signature] Branch Chief or District Engineer

Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.

OCT 16 2014

State Public Works Administrator

Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. ☒  
As a preferred contractor, I have submitted all apprenticeship approval forms.

**BRIAN'S CONTRACTING, INC.**

Name of Contractor

By signature / Title:

10/9/2014

Date

for Brian M. Arakaki, President

For the Month of: August, 2014

**Contract No.: 63003**  
**DAGS Job No.: 12-29-7515**



	\$1,357,000	\$50,800
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I certify that the above retentions are correct for this request.

Initial - Project Inspector or Engineer

Date \_\_\_\_\_

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

**STATE OF HAWAII  
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES  
DIVISION OF PUBLIC WORKS  
Monthly Payment Slip**

**PAYMENT NO.:** 1

**PROJECT TITLE:** ALIIAIMOKU HALE - BUILDING IMPROVEMENTS

**BILLING MONTH:** August-14

**DAGS JOB NO.:** 1 2-29-7515

**CONTRACT NO.:** 63003

**CONTRACTOR:** BRIAN'S CONTRACTING, INC

**VENDOR CODE:** 30439600

Original Contract Payment		Suffix: 1			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B12-878M		\$50,800.00	\$3,575.00	\$47,225.00
		<b>Totals:</b>	\$50,800.00	\$3,575.00	\$47,225.00

Change Order Payment		Suffix: 2			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B12-878M		\$0.00	\$0.00	\$0.00
		<b>Totals:</b>			

<b>Grand Total:</b>	\$50,800.00	\$3,575.00	\$47,225.00
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Verified By

*J Xu*

10/17/14

DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 30439600

Cost Code 3A1

Voucher No. 10162N97

Verified By

*pr*

OCT 22 2014